

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

OFFICE OF THE ATTORNEY GENERAL
OFFICE OF REFUGEE PROTECTION



FORM APR
APPLICATION FOR PROTECTION FROM REFOULEMENT

*For Persons Requesting Protection from Refoulement in the
Commonwealth of the Northern Mariana Islands*

Name of Applicant: Md. Kamal Hossain

Please Attach your Photo here



Please List The Names Of All People Included In This Application

Attorney or Representative Information

- ☐ I intend to hire an attorney or representative
☒ I do not intend to hire an attorney or representative and will represent myself
☐ I have hired an attorney or representative

Name of Attorney or Representative:

Telephone number:

Translator Information

- ☐ I will require translator to assist me in the language of _____
☒ I am fluent in English and do not require a translator
☐ I have my own translator

Name of translator:

COMMONWEALTH'S
EXHIBIT

J

09/26/05

